

**F.C.S.S. FUNDING
APPLICATION FOR
BY**

(organization)

TO

Carstairs, Cremona, Didsbury, Olds, Sundre and/or Mountain View County

Applications must be received by Mountain View County on or before:

OCTOBER 31ST, 2007

Mail: Mountain View County

Bag 100

Didsbury AB

T0M 0W0

Fax: (403) 335-9207

Email: michelle.honeyman@mountianviewcounty.com

APPLICATION FOR FUNDING BY _____

PART A ABOUT YOUR ORGANIZATION/GROUP

Please complete the following. Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Please keep this information brief in order to facilitate funder review.

CHARITABLE ORGANIZATION NAME (FOR THE GROUP RESPONSIBLE FOR ACCOUNTING FUNDS):	
ORGANIZATION ADDRESS:	
CONTACT NAME:	CONTACT PHONE NUMBER:
CONTACT FAX NUMBER:	E-MAIL ADDRESS:

INCORPORATION NUMBER:	INCORPORATION DATE:
CHARITABLE DONATION NUMBER:	_____ R R _____
CHARITABLE ORGANIZATION NAME:	
EXECUTIVE DIRECTOR (IF APPLICABLE):	
NUMBER OF STAFF:	FULL TIME _____ PART TIME _____
TOTAL AMOUNT REQUESTED FOR ALL PROGRAMS (from all F.C.S.S. Offices in Mountain View County): \$ _____	

AUTHORIZATION FOR APPLICATION:		
NAME: _____	POSITION: _____	SIGNATURE: _____
NAME: _____	POSITION: _____	SIGNATURE: _____

PART B

PROJECT NAME: _____

WHAT (organization) _____ REQUIRES FUNDING FOR

PART B WHAT YOU ARE REQUIRING FUNDING FOR....

Please complete the following. Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Please keep this information brief in order to facilitate funder review.

NAME OF THE PROGRAM/PROJECT/SERVICE/INITIATIVE:

- B1. DESCRIBE THE PROGRAM:
- B2. PURPOSE OF THE PROGRAM (WHAT IT IS INTENDED TO DO, HOW WILL IT ASSIST THE TARGET POPULATION?)
- B3. TARGET POPULATION/GROUP (WHO WILL BE SERVED? WHERE ARE THEY LOCATED GEOGRAPHICALLY? [STATE PERCENTAGE IN EACH COMMUNITY FOR WHICH YOU ARE ASKING FOR FUNDING])
- B4. COMMUNITY NEED (WHY IS THERE A NEED FOR THIS PROGRAM IN THE COMMUNITY AND HOW HAVE YOU DETERMINED THIS NEED? WHAT IS THE NEED? WHAT DEMOGRAPHIC INFORMATION OR STATISTICS SUPPORT THE COMMUNITY NEED? ARE OTHERS IN THE COMMUNITY OFFERING A SIMILAR PROGRAM?)
- B5. COMMUNITY PARTICIPATION:
- B6. OBJECTIVES (WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROGRAM THAT RELATE TO THE FUNDING THAT YOU ARE REQUESTING THIS YEAR?).
- B7. FITTING YOUR MISSION/MANDATE (HOW DOES THIS PROGRAM FIT YOUR OVERALL ORGANIZATIONAL/GROUP'S MISSION/MANDATE AND HOW DOES IT RELATE TO YOUR ORGANIZATIONAL/GROUP GOALS?).
- B8. HOW WILL IT OPERATE (GIVE A DESCRIPTION OF HOW THE PROGRAM WILL OPERATE. HOW MANY STAFF WILL BE INVOLVED; WHAT QUALIFICATIONS DO YOU REQUIRE? ARE THERE ENTRY REQUIREMENTS TO THE PROGRAM? IF SO, WHAT ARE THEY? WHERE WILL THE PROGRAM OPERATE FROM?).
- B9. MEASUREMENT TO ENSURE ACCOUNTABILITY (HOW WILL YOU KNOW IF YOU HAVE BEEN SUCCESSFUL WITH YOUR TARGET POPULATION? WHAT MEASURES WILL YOU USE AND WHAT WILL THEY TELL US ABOUT OUTCOMES? HOW WILL YOU REPORT TO THE FUNDER?)
- B10. HOW DOES THIS PROGRAM FIT WITH THE MANDATE OF FAMILY AND COMMUNITY SUPPORT SERVICES?
- B11. INDICATE ANY OTHER FUNDERS FOR THIS PROGRAM. WILL YOU BE FUNDRAISING FOR PART OF THE OPERATING EXPENSES, AND IF SO, HOW MUCH? (OPERATING EXPENSES INCLUDE BOTH ADMINISTRATION AND PROGRAM COSTS)
- B12. VOLUNTEER HOURS AND UNITS OF SERVICE.

BUDGET INFORMATION

2008 PROGRAM BUDGET PROPOSAL

(Each program you apply for needs to have a separate budget.)

REVENUE

DONATIONS \$ _____

FUNDRAISING \$ _____

OTHER GRANTS:

_____ \$ _____

_____ \$ _____

_____ \$ _____

MEMBERSHIP FEES \$ _____

REGISTRATION FEES \$ _____

OTHER (EXPLAIN):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REVENUE (A) \$ _____

EXPENSES

PERSONNEL COSTS:

FACILITATOR/GUEST SPEAKER COSTS \$ _____

STAFF SALARIES AND BENEFITTS CONNECTED WITH THE PROGRAM \$ _____

VOLUNTEER TRAINING \$ _____

RENTALS OR LEASE AGREEMENTS:

OFFICE OR VENUE RENT \$ _____

EQUIPMENT \$ _____

PROGRAM ADMINISTRATION COSTS:

ADVERTISING \$ _____

POSTAGE \$ _____

TELEPHONE \$ _____

PROGRAM SUPPLIES- PLEASE SPECIFY

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

OTHER PROGRAM RELATED EXPENSES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES (B) \$ _____

TOTAL ELIGIBLE TO REQUEST FOR FUNDING (B-A) \$ _____

F.C.S.S. GRANT REQUEST BREAKDOWN BY COMMUNITY

(IF YOU ARE NOT APPLYING TO A COMMUNITY PLEASE PUT N/A IN THE SPACE)

CARSTAIRS F.C.S.S \$ _____

CREMONA F.C.S.S \$ _____

DIDSBURY F.C.S.S \$ _____

MOUNTAIN VIEW COUNTY F.C.S.S \$ _____

OLDS F.C.S.S \$ _____

SUNDRE F.C.S.S \$ _____

TOTAL F.C.S.S. GRANT REQUESTED \$ _____